

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>11/24/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>11/24/00</i>
FORMALITY REVIEW	<i>HS</i> <i>MD</i>	<i>JC 8/16</i> <i>JC 8/17</i>	<i>11/24/00</i> <i>04/12/01</i>

*11/24/00*  
*BC*  
*11-24-00*

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/03/00
2	✓	✓	11/03/00
3	✓	✓	11/03/00
4	✓	✓	11/03/00
5	✓	✓	11/03/00
6	✓	✓	11/03/00
7	✓	✓	11/03/00
8	✓	✓	11/03/00
9	✓	✓	11/03/00
10	✓	✓	11/03/00
11	✓	✓	11/03/00
12	✓	✓	11/03/00
13	✓	✓	11/03/00
14	✓	✓	11/03/00
15	✓	✓	11/03/00
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If more than 150 claims or 10 actions  
 staple additional sheet here

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